



JOB STUDY REQUEST FORM

JOB STUDY PROPOSAL FORM & INSTRUCTIONS

11/2003

AGENCY(S) REQUESTING THE STUDY:

Job and pay requests must be requested by an agency appointing authority. Requests cannot be directly received from an employee or employee association as ultimately the affected agencies must have funding to implement the study. In many cases, results will impact several agencies. Usually, one or more of the primary users of the job classification(s) will request the study and state that funding is available or is being actively sought.

FUNDING IS AVAILABLE TO IMPLEMENT THIS REQUEST (Y/N):

Usually agencies do not submit a request unless funding is available. If No is marked, please explain and include a statement that you wish us to proceed in the absence of funding and why. Please complete the attached DOA/State Budget Office Funding Certification Form.

_____/_____
AGENCY APPOINTING AUTHORITY SIGNATURE **DATE**

_____/_____
AGENCY UNDERSECRETARY OR BUSINESS MANAGERS SIGNATURE **DATE**

SUMMARY OF YOUR PROPOSAL:

This section provides a summary of the new or existing job titles encompassed by your request. Additional information may be provided as an attachment or by letter. Any new or edited job specifications, including specific changes to minimum qualification requirements, may be provided separately. If possible, please provide proposed job specifications or edits via floppy disk in Courier New, twelve point using Microsoft Word .

Current Job Title	Job Code	Current Pay Level	Proposed Job Title	Requested Pay level	Nature of Your Request (e.g. new job, pay increases, factors, job spec changes, minimum qualifications or multiple changes)

JUSTIFICATION FOR THE REQUEST:

This section should explain the reasons supporting your request.

DRAMATIC CHANGES TO THE WORK/ADDITIONAL DUTIES/ORGANIZATIONAL CHANGES

Typical examples are: merging of multiple series into one for the purposes of cross-training; flattening of the organizational structure; state or federal licensure requirements; or many years of gradual addition of tasks, skills and increased responsibility. See below sections.

If you are requesting changes to the minimum qualifications as part of a request which also involves other changes, please provide reasons for requesting the change such as the need to expand or restrict the applicant pool and why such a change is desirable. If your request is ONLY to change the minimum qualifications and does not involve title, factor, pay or verbiage changes to other job specification elements, this form is not required. Please direct Minimum Qualification Changes Only to our Examining Division.

DSCS approval of special entrance rates, flexible maximum hire rates, premium pay, special pay or your use of optional pay are often signs of an underlying base pay problem. Please list pay mechanisms which have been used, if any, to address the compensation problem you are trying to solve:

Note: DSCS's MIS section provides statewide turnover statistics to our staff indicating the percentage of employees who have left the state service. Reported turnover should indicate the percentage of employees who have left your department rather than movement among Offices or Divisions. This is necessary in order for our staff to be able to compare turnover on a statewide basis versus problems among individual departments. You may also wish to provide your internal turnover but please indicate this when reporting.

[illegible]

AVAILABILITY OF JOB APPLICANTS/SELECTION/RECRUITMENT PROBLEMS:

This section is used to document hiring and retention problems as well as any specific extra efforts you have made to attract candidates or reduce turnover. If you have advertised in newspapers or trade magazines, participated in job fairs, requested selective certification or special entrance rates, these efforts will assist you in presenting your case that job specification, minimum qualification and/or pay changes are necessary. You may wish to state that you have an acceptable quantity of applicants but the quality of applicants should be improved.

INTERNAL EQUITY/COMPARABLE JOB SERIES (INTERNAL OR EXTERNAL OR BOTH):

If applicable, please list other job series whose factors/pay supports your request.

Generally we choose jobs in the same occupational group or with similar minimum qualifications and/or job series subordinate or superior to the job(s) under study.

SALARY SURVEY DATA:

If available, please attach survey data to this form. You may wish to contact our staff before conducting a custom survey. We often have survey data available or may be able to provide technical assistance concerning critical information to collect and methods to ensure appropriate job matches.

DOA BUDGET OFFICE FUNDING CERTIFICATION FORM
11/2003

Use Continuation Sheet for additional information if necessary

Department: _____

Agencies Affected: _____

Jobs Affected: _____

Current Fiscal Yr (-) Indicate fiscal year **(13 or 26 pay periods depending on July or Dec hearing)**

1. Total currently authorized positions (including Other Charges positions) in agency/department: _____
2. Number of budgeted positions affected by this request: _____
3. Estimated current year incremental cost (including related benefits) for this proposal by means of financing: _____

State General Fund: _____	Federal Funds: _____
Interagency Transfers: _____	Total: _____
Self-Generated revenue: _____	Cost for one pay period _____

Statutory Dedications (Identify) _____ **to be funded:** _____

NOTE: The only mandatory job study cost will be movement of employees below the new minimum.
Rule 6.8.1 no longer requires a minimum 7% increase in pay for affected employees

4. Are funds available in current fiscal year? (Y/N): _____

If Yes, how are funds available (identify budget categories, additional revenue, etc. and explain)?

Next Fiscal Yr (-) Indicate fiscal year

1. What is estimated annual incremental cost (including related benefits) by means of financing for this proposal?

State General Fund: _____	Federal Funds: _____
Interagency Transfers: _____	Total: _____
Self-Generated revenue: _____	
Statutory Dedications (Identify) _____	

2. How will funding be available to continue the funding of this proposal in the next fiscal year?
3. If the answer to #2 is "funding will be requested to be included in the appropriation act"; if such funding is not forthcoming, will you be able to implement this proposal within your budget allocation? If so, how?

I certify that the information provided above is true and correct to the best of my knowledge.

Undersecretary or Equivalent

DOA BUDGET OFFICE USE ONLY

Approved _____	Disapproved _____	DOA State Budget Analyst: _____	Date: _____
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